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Aging, Leisure, and Modernization: A Cross-cultural Perspective

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AGING, LEISURE, AND MODERNIZATION: A CROSS-CULTURAL PERSPECTIVE

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ABSTRACT

The greying of society has taken on global dimensions with the increasing absolute and relative numbers of elderly in the world. All countries, regardless of their level of development, are being forced to address the issues caused by the world's changing population patterns and to develop solutions which reflect their own unique culture. For the nations of the third world, this task is critical because modernization not only increases the number of aged, but affects community attitudes and the elderly's own self-image.

Two of the challenges which must be met are the maintenance and development of roles which allow the elderly to effectively integrate into society by being contributing productive members and the provision of social welfare services which effectively protect and sustain the aged. Key to their success is the development of long-term care facilities for those lacking family and other traditional support and the provision of recreation services designed to make life meaningful for those who are no longer socially important or who do not know how to function autonomously in modern society.

A study of four nursing homes in Egypt and Cuba revealed that the problems facing the elderly residing in developing nations differ only by degree and not by kind from those found in industrialized nations. Although both have established some type of nursing home system and have allocated resources toward the provision of leisure services, placing a growing emphasis on community-based programs, much remains to be accomplished. The allocation now of time, energy, and resources to study the relationship of aging and modernization is essential if the future elderly are to be assured a satisfying and rewarding life.

AGING, LEISURE, AND MODERNIZATION: A CROSS-CULTURAL PERSPECTIVE

"Everyone must have a future to exist."

The greying of society has traditionally been seen as a phenomenon unique to the developed, industrialized nations of the world. Today, however, this issue has taken on global dimensions with the increasing absolute and relative numbers of elderly in the world. By the year 2000, the United Nations has projected that the world's elderly population, those 60 and above, will exceed 581 million representing an increase of 91 percent since 1970. In the more developed nations, there will be a 52 percent increase with the elderly populations reaching over 233 million. In the less developed regions, the change will be even more dramatic--they will experience a growth phenomenon of 130 percent in the same 30 year time period, resulting in over 60 percent or approximately 347 1/2 million of the world's elderly residing within their borders by the end of the century (1, 23).

The reality of the preceding statistics suggest that no nation can escape the consequences caused by the world's changing population patterns. It is essential, thus, that each nation addresses the resulting issues and develops solutions which reflect its own unique cultural traditions and level of development. For the nations of the third world, this task is critical because the position and status of the elderly undergo important changes as societies modernize. Not only does modernization increase the number of aged, but it affects community attitudes and the elderly's own self-image. As societies become increasingly modern, there is a concomitant drop in status of the elderly. As countries proceed down the path of modernization, encompassing modern technology, urbanization, and education, they develop a generation gap--they develop a youth-oriented culture where traditional knowledge and skills become obsolete, where elders consequently lose or feel a decline in their authority and leadership, where family patterns change, moving the responsibility for the care of the elderly from the family to partially or totally that of the state (10, 11, 20).

LONG-TERM CARE IN DEVELOPING NATIONS

For underdeveloped nations, these problems are new. For the first time, they have a growing proportion of older people. From a life expectancy of 54 in 1975, the elderly in these nations will increase their life span to over 63 years of age by the year 2000, with the largest percentage of growth occurring in the 80 plus population (1, 24). Simultaneously, traditional approaches such as the extended family and other local community supports which normally meet the elderly's physical, social, psychological, and economic needs are breaking down or disappearing. As a result, both governments and social agencies, religious and voluntary, are experimenting with various approaches for meeting two pressing challenges--the maintenance and development of roles which allow the elderly to effectively integrate into society by being contributing, productive members and the provision of social welfare services which effectively protect and sustain the aged (18).

The development of long-term care facilities for those lacking family or other traditional support is one of the important service needs which must be met. Another is the provision of recreational services designed to make life meaningful for those who are no longer socially important, or who do not know how to function autonomously in modern society, who--for example--are not accustomed to going to the movies or who lack transportation to facilities (19, 20). To make these general concepts more concrete, the approaches adopted by two developing countries will be presented, one starting from an economic and social experience based on that of Western Europe and the United States--Cuba; the other coming from cultural traditions very different from that of the West--Egypt.

Cuba, a developing nation approximately the size of Pennsylvania, with a population of 10 million, has managed to provide a long-term care system with a well defined leisure services component. A study of nursing homes in Havana reveals three factors which have contributed to the establishment of this present pattern. First is the change in the demographic structure of the population. In less than a quarter of a century, life expectancy in Cuba has risen from 58 to 72 so that the percentage of Cubans aged 60 and over is 10.9 percent (7, 9). Second is the significant change in work patterns. As increasing numbers of Cuban women seek outside employment, the traditional multi-generation family unit is gradually eroded, thus no longer guaranteeing care and security of the elderly within the family setting (7). Third is the Cuban government's strong emphasis on health care resulting in a significant allocation of resources to the health sector of which the nursing homes are an integral part (3, 15, 2).

Today, the 53 Cuban nursing homes, including both governmentally operated and privately run facilities, are available to women over 55 years of age and men over 60, and fall under the jurisdiction of the Ministry of Public Health (4). As currently the demand for beds exceeds the supply, elderly Cubans wishing entry into a governmentally run home must undergo a health evaluation to determine their priority status. Once accepted, there is no cost to the individual with the exception of those receiving social security benefits. In these cases, the residents must designate payment of their benefits to the nursing home. Entrance to the privately owned institutions, though a simpler process based on the individual's need and the availability of a bed, must be accompanied by financial reimbursement despite the government's policy of subsidizing approximately 40 percent of the cost (7, 3, 6, 14).

Egypt, a third world country which houses 41 1/2 million people on a land just over seven times the size of Califoria, also has an established nursing home system with a recreation component. Like their Havana counterparts, the Cairo nursing homes are a result of the same factors--a growing population of elderly (although they only comprise 3.54 percent of the total population and have a much shorter life expectancy of 54.8 years), changing family patterns resulting from urbanization of the population, and Egypt's official policy which sees social welfare as a right of all its citizens (12).

A leader among African countries in developing services for the

elderly, Egypt's Ministry of Social Welfare currently administers 35 nursing homes serving 1,822 seniors (21). Entrance to government operated homes is limited to the poor, aged 60 and over, upon completion of an evaluation conducted by a social worker. The privately supported homes, on the other hand, accept residents if they can pay or if, when the case is reviewed, there proves to be no other options or resources available. Like Cuba, the Egyptian government provides a basic subsidy to these privately funded facilities (13).

Four factilities visited in Cuba and Egypt, two state-run and two privately operated, provide examples of the nursing home care that is currently available in the third world and help illustrate why these governments, regardless of their divergent philosophical foundations, maintain a reliance on church, industry, or philanthropic group supported homes to help fill the growing need for long-term care facilities (10).

Hogar de Ancianos, "Santovenia Hermanet Infirmo Ancianos Desamparados," a 400 bed Havana home located in the former palatial home of a count and Foyer de la Vierge Marie, a 213 bed home located in a beautiful building within the heart of Cairo are representative of the Catholic operated facilities available to the elderly. The residents of both homes appear to come from middle and upper class homes and/or are individuals who have maintained a strong religious orientation. Neither facility, however, has a religious requirement for admission, with many of the residents representing other faiths.

Many similarities exist in the physical layout of both homes. Both have living areas which range from private suites to dormitory style living/sleeping quarters. Both have lovely porches, patios, and beautiful chapels. However, while the Havana home has numerous recreational facilities including a formal sitting room, all-purpose activity rooms, a movie theater, and library, the Cairo home has no specifically designated recreation areas utilizing, instead, the dining room and chapel for its programs.

The personnel in these two homes are remarkably similar. Both are headed by nuns who approach the provision of services in a maternalistic manner, emphasizing the need to be sensitive to the clients within the framework of the traditional culture. Their recreation programs further reflect their similar philosophies. Run by nuns who possess little formal academic training, the recreation programs are an example of a diversional rather than a therapeutic approach to recreation, leaving participation in any of the activities as a voluntary matter for the resident. Because the individuals in charge of recreation are warm, caring people who are extremely well-liked by the residents, creative in their approach to recreation, and good supervisors of volunteers, they are able to offer a wide variety of interesting programs.

In the Havana home, nostalgic movies are the most popular form of organized activities. Entertainment by the residents form another major component of the organized activities, with even the establishment of a resident orchestra which provides the music for the regularly scheduled dances. Without laws to prohibit the use of kitchen facilities, cooking provides another recreational outlet as does the more traditional arts

and crafts area. Special events programming comprising parties and entertainment sponsored by community groups or spotlighting local celebrities, together with trips to the zoo, museums, restaurants, and beaches round out the organized portion of the program. In addition, residents enjoy open visiting hours, unlimited home visits, and on-going, non-directed activities such as radio, TV, pianos, a library, and low-organized games like dominoes.

When asked what were the residents' favorite activities, the recreation worker in the Cairo home stated that for women it was watching dancing and for men, music and the orchestra. Quite predictably, these were the cornerstones of the recreation program. Besides musical activities such as dancing and singing, entertainment brought in from the outside, movies, and excursions, such as dining at local hotels, are the other major elements of the recreation program. Like their Cuban counterparts, the residents have access to open visiting and to ongoing, non-directed activities. According to the nun in charge, the TVs located in most of their private rooms and their interest in reading provide the residents with many pleasurable hours.

Although the entire area of "art" programming is missing in the Egyptian nursing home, the only traditional area of recreation programming which appears to be lacking in both systems is physical exercise. When asked about this notable absence, one Cuban recreation worker replied: "Why would an elderly individual want to exercise?"--a sentiment echoed by her Egyptian colleague.

Two governmental homes visited, one in Cuba and one in Egypt, present a less favorable view and emphasize the lack of government funds available for allocation in this area. Although Hogar de Ancianas "Hermanas Giral Andrew," a government-run home for 158 Cuban women, is an adequate facility with highly skilled staff headed by a physician, its stark, extremely modest appearance overshadows the high quality of services it offers and helps to explain why many individuals, including current government officials, prefer to pay for their parents' private care even when free services are available. It, like the Cuban religious home, has numerous recreational facilities. The approach by the staff who possess some formal academic training, however, is markedly different, closely resembling a therapeutic model in which recreation is viewed as "ergoterapeuta", or work therapy, with each resident being required to participate in a given number of daily activities. Even so, the actual program offerings mirror those of the Catholic home with the exception that in addition to its residential program it also provides a day-care program.

The Egyptian government-operated home presents an even more dismal physical appearance. Although admittance past the front entry rooms and offices was denied, a lengthy discussion with one of the workers provided enough information to surmise that very little, if any, energy or resources were being placed in the recreational area and that the major focus was on providing minimal care for the residents' basic needs.

Cuba and Egypt are both conscious that much still needs to be done. Neither see the answer to the growing needs of the elderly as simply the

allocation of additional funds to support and enlarge current long-term care facilities. Rather, they recognize that new strategies must be undertaken and that resources must also be made available for community-based progams that will enable the elderly to remain in the least restrictive environment. In 1979, Cuba amended its Social Security Act, placing new emphasis on developing community recreation and cultural facilities for the elderly (8). Egypt, likewise, has established five clubs and recreational centers for the elderly in the densely populated urban settings as a means of assisting families to cope with their elderly family members and as a way for the elderly to achieve maximum value out of life (21).

As illustrated by Cuba and Egypt, the third world countries, like their industrial neighbors, are beginning to address the issues resulting from a growing aging population. Both have established some type of nursing home system for those elderly lacking in resources or in need of specialized care. Both, also, have recognized the changing recreational needs of the aged and have allocated resources toward the provision of leisure services, placing a growing emphasis on community-based programs designed to maintain the elderly's total well-being. Although there are remarkable similarites between the services being offered by the two governments--the dual system of private and government long-term care facilities and the growing support of community services--Cuba, the beneficiary of a higher standard of living and level of development, has managed a quality and quantity of care which Egypt has yet to achieve.

AN AGENDA FOR AGING

Although it is easier to see the issues in developing nations where life is simple and issues are more clearly focused because they are new and urgent, the United States is struggling with the very same problems. Many of its ethnic minorities are experiencing the same types of social upheavel--they are living in a society which is changing from rural to urban, from agrarian-based to industrial, from an extended family configuration to the nuclear family, from traditional-oriented to future-oriented, from emphasis on past knowledge to youth expectations. Thus, America, also, must search for answers, for as Sommer (22) states:

> Development after all is not so much an end goal as a process of history in which all peoples are engaged in multifaceted dimensions--social and cultural dimensions as well as commonly articulated economic and material ones. In this sense, the United States is as much a developing country as Bangladesh It has become increasingly clear that economic well-being is not a sufficient goal and that measuring development on the materialistic basis of per capital gross national product is inadequate and often misleading.

As governments, agencies, and individuals around the world rush to meet the new challenges posed by an ever-increasing aging population, a word of caution is merited:

> Human problems--which vary greatly between individuals--do not easily lend themselves to general solutions that will prove satisfactory in all cases. This is especially true in an international context, when dealing with people and communities of vastly different backgrounds, aspirations, and creeds. The greatest danger clearly lies in attempting to impose--by means of international conventions--solutions conceived to meet one set of circumstances, which later prove to be hopelessly ill-adapted or totally inadequate when transposed to a different cultural or social environment (27, p. 9).

This advice holds special import for less developed nations, for they are caught in a spiraling time machine forcing them to make rapid social and economic adjustments to help alleviate the severe negative consequences which occur during the early stages of industralization and urbanization (11). Too often, their governments, which are increasingly being turned to for the answers, are severely limited by their lack of well-formulated policies and their insufficient financial and organizational capabilities to address the issues. In the quest for fast solutions, they frequently become the victims, rather than the beneficiaries, of indiscriminate international policies.

Although there are no simple answers for the challenges caused by the world's growing aging population, research does indicate that the problems facing the elderly residing in developing nations differ only by degree and not by kind from those found in industrialized countries. Thus, it can be concluded that there are some universal issues which each government must address, and depending upon its own cultural heritage and level of development, must seek to resolve.

Among these is the inclusion of the elderly in the formulation of local and national policies. Just as individuals have a need for self-determination, so do countries. Any help or support provided from outside sources should be done on a self-help basis. Care should also be taken to incorporate only those strategies which best reflect a country's own culture, thereby maintaining cultural continuity.

In addition, there must be a willingness to explore non-traditional alliances and methods for provision of services. The elderly must be assured of an equal share of the developmental benefits. Current services must be expanded to include emerging areas such as recreation and leisure. Finally, emphasis must be placed on educating the individual, the family, and the society regarding the aging process in relation to the effects of modernization.

As Critchfield (5) so aptly states: "Times change, and people--once they have enough time and technology--change with them" (5). Although today's answers will not solve all the unforeseen challenges of tomorrow, the allocation now of time, energy, and resources to study the relationship of aging and modernization can help to set in motion policies and programs which will ensure that the additional years gained by the elderly of the future will be satisfying and rewarding."

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